

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

62/988

FILING DATE

12/4/90

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21	1		1		1	
22	1		1		1	
23		1		1		1
24		1		1		1
25		1		1		1
26		2		2		2
27						
28		2		2		2
29		2		2		2
30						
31						
32		2		2		2
33		2		2		2
34		2		2		2
35		2		2		2
36		2		2		2
37		2		2		2
38		2		2		2
39		2		2		2
40		2		2		2
41		2		2		2
42		2		2		2
43		2		2		2
44		2		2		2
45		2		2		2
46	1	2	1	2	1	2
47						
48						
49						
50		2		2		2
TOTAL IND.	5		5			
TOTAL DEP.	83		83			
TOTAL CLAIMS	88					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52						
53						
54						
55						
56						
57						
58	1					
59		3				
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		2				
77		3				
78		2				
79		3				
80						
81						2
82						2
83						2
84						1
85						1
86						1
87						1
88						1
89						1
90						1
91						1
92						1
93						1
94						1
95						1
96						
97						
98						
99						
100						
TOTAL IND.	1		14		14	
TOTAL DEP.	43		138		46	
TOTAL CLAIMS	44		152		60	